REQUEST TO AMEND IRREVOCABLE LETTER OF CREDIT

Addr	ess:			
in fav	We he	ereby request that you amend Irrevo State Treasurer, State of Alabama ("	cable Let Benefici	tter of Credit No (the "Letter of Credit") ary") for account of ourselves as follows:
	Change in the Credit Amount (if applicable, check this box and check one of the boxes below and complete the required information):			
		The Credit Amount (i.e., the maximum amount available under the Letter of Credit) is increased to U. S. Dollars (\$).		
		The Credit Amount (i.e., the max to	ximum a	mount available under the Letter of Credit) is decreased U. S. Dollars (\$).
		(specify):		
	Date:	, 2	Print o	or type name of Applicant
				••
			ву:	Name: Print or type name of Authorized Signatory Title: (Authorized Signatory): Fax:
APPI	ROVED:			
600 I	Dexter Av	SURER, STATE OF ALABAMA enue, Suite S-106 AL 36104		
BY:				
-	Name	Print or Type		
	Title	Print or Type		
	I ILIC			
		, 2		

To:

Federal Home Loan Bank